

Hi Everyone,

Please note that there are three interesting items under the “Nice To Know” section this week.

Take care,

Kathleen

1. WICHealth.org Alaska Stats—see attached.
2. No Fall WIC Coordinators Meeting—Due to the transition to SPIRIT, we are not planning a face-to-face WIC Coordinators meeting this fall. The state will provide additional teleconferences or Web X trainings as needed. Depending on the final SPIRIT roll out date, we may have a spring coordinators meeting.
3. Lactose-free milk: Please remember to use the MOV UHT milk option as needed. We created this option in response to requests from LAs and we are concerned that Fred Meyer will not be able to utilize their current inventory before it exceeds the “best used by” date.
4. SPIRIT Transfer Project Update: We just completed the first three week session of the SPIRIT system’s User Acceptance Testing (UAT). UAT is a thorough and scripted test of SPIRIT’s functionality with Alaska’s business rule choices and using actual data from AKWIC that has been de-identified for confidentiality. Thanks to the wonderful participation of many WIC clinic staff members, we were able to run all the scripts (nearly 600) and have time to do quite a bit of extra unscripted testing. With the creativity and knowledge of the WIC clinic staff, we were able to experiment with the SPIRIT system using many unique Alaska situations. The unscripted testing also allowed for collaboration between the implementation contractor, Analyze Soft, Inc (ASI) and the clinic folks in considering “work arounds” for processes that SPIRIT does not easily accommodate. Many clinic participants commented that they learned a lot about SPIRIT during the testing and were encouraged and relieved to see the system in action. We will begin the second session of UAT next week, August 6<sup>th</sup>.  
We were able to do a test of SPIRIT’s performance from a “remote” location in Kotzebue. Thank you for hosting us, Melissa and Tracy! All WIC clinics will connect to a centralized SPIRIT database located in Anchorage, so the purpose of the remote testing was to compare the time it takes for the system to perform a particular function – such as a search for participants locally or statewide – from Kotzebue to the amount of time it takes to do the same function Anchorage. Test results indicate that performance times will be reasonable for the clinics connecting via satellite.  
Due to difficulties and complications in securing a banking processor for the SPIRIT system, the project schedule will be further adjusted. The schedule will not be firm until that contract is settled. But we do want to let you know that Super User training will not occur before mid October and pilot implementation will not begin before December. Thanks for your flexibility and patience.

#### Nice To Know

FYI, Article of interest in July issue of Pediatrics, *Baby-Friendly Hospital Practices and Meeting Exclusive Breastfeeding Intention*

<http://pediatrics.aappublications.org/content/130/1/54.abstract>

**From:** National WIC Association [<mailto:rlee@nwica.org>]

**Sent:** Thursday, July 19, 2012 11:07 AM

**To:** Wayne, Kathleen A (HSS)

**Subject:** Checklist for Six Steps to Achieve Breastfeeding Goals in WIC Clinics



National WIC Association



## Association Update

JULY 19.12

### Checklist for Six Steps to Achieve Breastfeeding Goals in WIC Clinics

Last year, **NWA** published its first ever [National Breastfeeding Strategic Plan](#) calling on all State and Local WIC programs to assume a leadership role in breastfeeding promotion and support. Subsequently, the [Six Steps to Achieve Breastfeeding Goals](#) was developed by the **NWA** Breastfeeding Committee and approved by the **NWA** Board of Directors to assist WIC agencies in attaining the Plan's objectives. Today, **NWA** is pleased to share with you, the [Six Steps to Achieve Breastfeeding Goals Checklist](#), which provides specific criteria for WIC clinic staff to assess their progress towards meeting these goals. By implementing the Six-Steps, we can collectively promote internal and external environments that support exclusive breastfeeding.

*NWA's mission: providing leadership to promote quality nutrition services; advocating for services for all eligible women, infants and children; and assuring the sound and responsive management of WIC.*

**National WIC Association** 2001 S Street, NW, Suite 580 Washington, DC 20009 TEL 202.232.5492 FAX 202.387.5281

[www.nwica.org](http://www.nwica.org)



**From:** Rudd Center [<mailto:ruddcenter.policy@yale.edu>]  
**Sent:** Wednesday, August 01, 2012 12:32 PM  
**Subject:** Limited progress improving cereals marketed to children

LIMITED PROGRESS IN THE NUTRITION QUALITY AND MARKETING  
OF CHILDREN'S CEREALS

Dear Ms.,

The [Yale Rudd Center](#) released its first Cereal FACTS report in 2009, which documented the nutrition quality and marketing of cereals to children. We have just released a follow-up study – [Cereal FACTS 2012](#) – which quantifies changes in nutrition content and children's exposure to marketing for children's cereals over three years. We want to make you aware of some important findings.

There are changes for the better, and changes for the worse, but here is the bottom line: **Companies continue to aggressively market their least nutritious products directly to children.**

- Despite improvements, the **cereals advertised to children contain 57% more sugar, 52% less fiber, and 50% more sodium** compared with adult-targeted cereals. One-quarter of family cereals met proposed US government standards but they were advertised to parents, not children.
- **The majority of cereal ads that children see on TV promote products consisting of one-third or more sugar.** That's one spoon of sugar in every three spoons of cereal!
- **General Mills, Kellogg, and Post continued to advertise to preschoolers, despite pledges that they would not.** The average 2- to 5-year old saw 595 cereal ads in 2011.
- **Children still see more ads on TV for ready-to-eat cereals than any other category of packaged food or beverage.**

**Why does this matter?**

- More than one-third of young people in the U.S. are overweight or obese.
- Advertising influences children's food preferences and consumption, and encourages them to request the unhealthy products advertised. Until children are 7 or 8 years old, they cannot understand that advertising is intended to persuade them to do something--it's just another source of information for them.
- Cereal companies have expressed a commitment to voluntarily change their marketing practices, but our study shows that few substantive changes have been made to the frequency of the advertising.
- Cereal companies claim that children will not eat cereal unless it is high in added sugar. Our research shows that this is not true. When served plain cereals, such as Cheerios and Corn Flakes, children eat about one serving and add more fresh fruit. However, when served sugary cereals, such as Honey Nut Cheerios and Frosted Flakes, they eat two servings of cereal averaging 6 teaspoons of added sugar.

Cereal companies slightly improved the nutritional quality of cereals marketed to children – reducing sugar by 1 or 2 grams per serving – and reduced some child-targeted advertising. But at the same time, the companies increased child-targeted advertising for some of their least nutritious products and increased advertising to Hispanic youth.

Through the Children's Food and Beverage Advertising Initiative (CFBAI), a voluntary self-regulation initiative of the Better Business Bureau, cereal companies have expressed a commitment to foster public health and be part of the solution to childhood obesity. However, they are not acting in good faith to make

incremental improvements in the nutritional quality of children's cereals, while continuing to aggressively market their least nutritious cereals to children as young as two years old.


We are asking cereal companies to

- significantly reduce the hundreds of advertisements for high-sugar cereals that children see every year; and
- use their substantial resources and creativity to find ways to encourage children to consume the healthful products in their portfolios.

**We hope that you will bring these findings and recommendations to the attention of industry representatives when they meet with you.**

Thank you for your interest in this vital issue. We encourage your comments, and would like to be a resource for you. Please direct your inquiries to our Public Policy Director, Roberta Friedman, [Roberta.friedman@yale.edu](mailto:Roberta.friedman@yale.edu) or 203-432-4717.

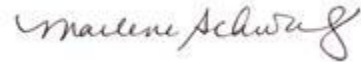
Sincerely,



Kelly D. Brownell, PhD  
Director



Jennifer L. Harris, PhD., MBA  
Director, Marketing Initiatives



Marlene B. Schwartz, PhD  
Deputy Director